

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08/10/2010

Address: C.R. 120 W. @

Case #: 42-30969

C.R. 300 S.

County: JENNINGS

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: ALONG ROADWAY
☒ Water Reactive Metal (Lithium): ALONG ROADWAY
☒ Anhydrous Ammonia: IN CYLINDERS ALONG ROADWAY
☒ Hydrochloric Acid Gas Generator(s): ALONG ROADWAY
☐ Corrosive Acid: _____
☒ Corrosive Base: ALONG ROADWAY
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: LOVETT TOWNSHIP

Fax: 812-346-4507

Health Department: JENNINGS CO.

Fax: 812-352-3030

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: MARTIN A. MEAD Phone 812-522-1441

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.